

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36048

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life Time (Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE WASHINGTON JOHNS

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MD 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Allie Johns 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased April 18 1876 (Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Dent County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired - Railroad

11. Industry or business

MOTHER: FATHER { 12. Name Willis Johns U
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Melissa Williams
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. Bennett
(b) Address Salem Missouri

17. (a) Burial (b) Date thereof 11-22-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cemetery

18. (a) Signature of funeral director John T. Brant

(b) Address Salem Missouri

19. (a) Nov 22-48 (b) M. M. Hart M. O. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 3.3
(c) City or town Salem (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20 year 1948 hour 3 minute 02 A.M.

21. I hereby certify that I attended the deceased from 3-30-48 to 11-20-48.
that I last saw him alive on 11-19-48 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery

Due to stroke 3 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy H/O

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury

23. Signature John T. Brant (M. D. or other) MD
Address Salem, Mo. Date signed 11-22-48

RECEIVED 11-29-48
District Health Officer No. 5,
District File Number 1148739
Date Filed 11-29-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Edward F. Broyles*

Licensed Embalmer No. *4553*

P. O. Address *Salem Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.